B 3 (Official Form 3) (12/07)				
UNITED STATES BANKRUPTCY COURT			TNIVOT TINITA DV	
District of Massachusetts			INVOLUNTARY PETITION	
IN RE (Name of Debtor - If Individual: Last, First,	Middle)	ALL OTHER NAM	IES used by debtor in the last 8 years naiden, and trade names.)	
Nocona Leather Goods Company, LTD.		(incinio mailicu, iii	mucu, anu unuo namos.,	
Last four digits of Social-Security or other Individual (If more than one, state all.):	l's Tax-I.D. No./Complete I	MIN		
STREET ADDRESS OF DEBTOR (No. and street,	city, state, and zip code)	MAILING ADDRE	SS OF DEBTOR (If different from street address)	
390 Airport Road, Fall River, MA 02720		105 Clay Stre	105 Clay Street, Nocona, TX 76255	
COUNTY OF RESIDENCE OR PRINCIPAL PLACE Suffolk		non d		
	21PC 0211	CODE	ZIP CODE 76255	
		<u> </u>	70200	
LOCATION OF PRINCIPAL ASSETS OF BUSINE NOCONA, TEXAS		rom proviously listed address	es)	
CHAPTER OF BANKRUPTCY CODE UNDER WI	HICH PETITION IS FILED			
♥ Chapter 7 □ Chapter 1				
INFOR	RMATION REGARDING	DEBTOR (Check applicable	•	
Nature of Debts (Check one box.)	Type of Debtor (Form of Organization)  Individual (Includes Joint Debtor)		Nature of Business (Check one box.)  Health Care Business	
Petitioners believe:	Corporation (Includes	•	Single Assot Real Estate as defined in 11 U.S.C. § 101(51)(B)	
D Debts are primarily consumer debts	Denthership Other (If debtor is not	one of the above entitles	n Rallroad n Stockbroker	
✓ Debts are primarily business debts		te type of entity below.)	Commodity Broker     Clearing Bank	
			Other	
VENUE	1		FILING FEE (Check one box)	
♥ Debtor has been domiciled or has had a residence,	principal	Full Filing Fee attached	Full Filing Fee attached	
place of business, or principal assets in the District days immediately preceding the date of this petition	for 180	17 Petitioner is a child sur	opert greditor or its representative, and the form	
a longer part of such 180 days than in any other Di	striot.	specified in § 304(g) of	pecified in § 304(g) of the Bankruptcy Reform Act of 1994 is attached,	
☐ A bankruptcy case concerning debtor's affiliate, general petiti		petitioner files the form spe 1994, no fee is required.]	child support creditor or its representative is a petitioner, and if the toner files the form specified in § 304(g) of the Bankruptcy Reform Act of , no fee is required.]	
PENDING BANKRU	PTCY CASE FILED BY	OR AGAINST ANY PART	NER	
Name of Debtor	TOR (Report Information for any additional cases on a Case Number		Date Date	
Relationship	District		Judgo	
ALLEGATIONS (Cheek applicable boxes)		COURT USE ONLY		
<ol> <li>Petitioner (s) are eligible to file this petition pu</li> <li>The debtor is a person against whom an order is States Code.</li> </ol>	for relief may be entered und	fer title 11 of the United		
<ol> <li>The debtor is generally not paying such debtor' the subject of a bona fide dispute as to liability</li> </ol>		unless such debts are		
<ul> <li>b.                Within 120 days preceding the filing of this pet agent appointed or authorized to take charge of debtor for the purpose of enforcing a lien again</li> </ul>	less than substantially all o	f the property of the		

B 5 (Official Form 5) (12/07) - Page 2

Name of Debtor Nocona Leather Goods Company, LTD.

Case No.

	TRANSFER ( been a transfer of any claim against the ny statements that are required under	he debtor by or to any petit	ioner. Attach all documents that	
Petitioner(s) request that an order	REQUEST FO for relief be entered against the debtor ur elgn representative appointed in a foreign	OR RELIEF ider the chapter of title 11, Un		
	y of perjury that the foregoing is true and einknowledge, information, and belief.  Manager enative (State title) 08/05/2010 Date Signed  James J. Devaney 60 Fremont Street Worcester, MA 01603	x Signature of Attorney David B. Madoff, Esq	08/05/2010  Date  , Madoff & Khoury LLP  any) k, 124 Washington St./Suite 202	
Panef, Inc.	08/05/2010	xSignature of Attorney	Date	
Name of Petitioner	Date Signed	Name of Attorney Firm (If	any)	
Name & Mailing Address of Individual Signing in Representative Capacity	Bruce Moncrieff 5700 W. Douglas Ave- Milwaukee, WI 53218	Address Telephone No.		
Y	Principal			
Signature of Petitioner or Represe Cassela & Hespos	ntative (State title) 08/05/2010	Signature of Attorney	Date	
Name of Petitioner	Date Signed	Name of Attorney Firm (If a	nny)	
Name & Mailing Address of Individual Signing in Representative Capacity	Gerald Hespos, Esq. 110 West 40th St. Suite 2501 New York, NY 10018	Address Telephone No.		
Name and Address of Petitioner	PETITIONING (	CREDITORS Nature of Claim	Amount of Claim	
	remont St, Worcester MA 01603	Breach of Contract	\$79,623.09	
Name and Address of Petitioner		Nature of Claim	Amount of Claim	
Panef, Inc., 5700 W. Dougla	s Ave., Milwaukee, WI 53218	Breach of Contract	\$46,000.00	
Name and Address of Petitioner		Nature of Claim	Amount of Claim	
Gerald Hespos, 110 W. 40th	St., Sulte 2501, NY NY 10018	Breach of Contract	\$33,000.00	
penalty of perjury, each	tree petitioners, attach additional sheets w petitioner's signature under the statemen information in the format above.		Total Amount of Petitioners' Claims	

X continuation sheets attached

B 5 (Official Form 5) (12/07) - Page 2

Name of Debtor Nocona Leather Goods Company, LTD.

Case No.					
☐ Check this box if there has bee evidence the transfer and any	TRANSFER on a transfer of any claim against that are required under	he debtor by or to any petition	ner. Attach all documents that		
Petitioner(s) request that an order for petition. If any petitioner is a foreign recognition is attached.	REQUEST FO	OR RELIEF  nder the chapter of title 11. United	d States Code, specified in this he order of the court granting		
Petitioner(s) declare under penalty of correct according to the best of their	knowledge, information, and belief. Manager	x	08/05/2010		
Signature of Petitioner or Representa Good Glove USA, LLC	08/05/2010	Signature of Attorney David B. Madoff, Esq., N	Date Vadoff & Khoury I I P		
Name of Petitioner Date Signed		Name of Attorney Firm (If any Pine Brook Office Park,	David B. Madoff, Esq., Madoff & Khoury LLP  Name of Attorney Firm (If any) Pine Brook Office Park, 124 Washington St./Suite 202		
Name & Mailing	James J. Devaney	Address			
Address of Individual Signing in Representative	60 Fremont Street	Foxboro, MA 02035 Telephone No.			
Capacity	Worcester, MA 01603	508-543-0040	₹   •		
	Decident				
X	President	X Signature of Attorney	Date		
Panef, Inc.	08/05/2010				
Name of Petitioner	Date Signed	Name of Attorney Firm (If any)			
Name & Mailing	Bruce Moncrieff	Address			
Address of Individual Signing in Representative	5700 W. Douglas Ave-				
Capacity	Milwaukee, Wi 53218	retepnone wa.			
* VeraldE HOSP	Principal	x			
Signature of Petitioner or Representat Cassela & Hespos	ive (State title) 08/05/2010	Signature of Attorney	Date		
Name of Petitioner	Date Signed	Name of Attorney Firm (If any	)		
Name & Mailing	Gerald Hespos, Esq.	Address			
Address of Individual 110 West 40th St.		- 1444			
Signing in Representative Capacity	Suite 2501	Telephone No.	,		
	New York, NY 10018				
Niema and Addison CD Atalana	PETITIONING (		1		
Name and Address of Petitioner Good Glove USA LLC, 60 Fren	nont St. Morcaster MA 01603	Nature of Claim  Breach of Contract	Amount of Claim \$79,623.09		
	HOR St, Wordester WA 0 1003				
Name and Address of Petitioner Panef, Inc., 5700 W. Douglas Ave., Milwaukee, WI 53218		Nature of Claim  Breach of Contract	Amount of Claim act \$46,000.00		
Name and Address of Petitioner	WON MINAGENCE WILLOW TO	Nature of Claim	Amount of Claim		
Gerald Hespos, 110 W. 40th S	L. Sulte 2501, NY NY 10018	Breach of Contract	\$33,000.00		
<u> </u>	petitioners, attach additional sheets w	L	Total Amount of Petitioners'		
penalty of perjury, each petitioner's signature under the statement and the name of attorney Claims					
and petitioning creditor int	ormation in the format above.  X continuation sh	eets attached			
	***************************************				



B & (Official Form 5) (12/07) .. Page 2

Name of Delitor Na	cona Lealher Goode Company, LTC		
Case No.	•		

	···		
Othack this box if there has been a impafar of any claim ageing avidence the transfer and any statements that are required up	idor Balikeuptoy Rule 1003/s	etitioner, Attach all documents that	
Positionals) request that an order for relief be entered against the debit position. If may petitioner is a foreign representative appointed in a for recognition is attached.	PFOR RELIEF	Trabalous data and at the	
Pulltloner(s) declare under ponnily of porinty that the foregoing is true correct according to the book of their knowledge, information, and belief	and f		
XX Owner			
Signature of Politicaler or Representative (State title) Sugress & Appendique 08/06/2010	Signature of Altomay	Dato	
Name of Politioner Date Signed	Namo of Attornay Pirm (	(Papy)	
None & Malling Oacer Suerez Addross of Individual PO Box 442	Addrosa		
Signifing in Representative Scottedale, AZ 86262 Connector	Tolophone No.		
*Individual	X		
Signature of Politioner or Representative (State title) Jeromiah O'Connor 08/05/2010	Signature of Afterney Date		
Name of Pelliloner Date Signed	Name of Attorney Plan (In	(auy)	
Name & Mailing Jeremiah O'Connor	Address	······································	
Addross of Individual  Signing in Representative Copnelly  Walthern MA 02463	Tolophone No.		
X Signature of Politioner or Representative (Sinte title)	X Signature of Alterney	Dato	
Name of Politioner Date Signed	Nama of Allomay Flun (If		
Nune & Mailing	Addross		
Addross of Individual Eigning in Reprosentativo Capacity	Telephone No.	And the second s	
PETITIONING	อนเกราเกสตา		
vning and Addiase of Patillohet	Notice of Claim	Amount of Claim	
Oscar Suarez, P.O. Box 442, Scolladale, AZ 85262	Greach of Contract	\$ 36,000,00	
Inno and Addrass of Politioner	Nature of Claim	Amount of Claim	
leromlah O'Connor, 98 Barbara Rd., Wallham MA 02453	Breach of Contract	\$277,791.00	
nno and Address of Positioner	Nature of Clains	Amount of Claim	
otes If there are more than three pollioners, attach udelliquel cheers a pountly of parting, each pollioner's algunitum under the statemen and pollioning creditor information in the format above.	it and the name of allomey	Total Amount of Petitioners' Ciniais \$471,414.08	
continuation six	sola allaohed	· · · · · · · · · · · · · · · · · · ·	

B 5 (Official Form 5) (12/07) - Page 2

Name of D	btor
Çs	59 Nu

	DOT 4735		
TRANSPER O  Check this box if there has been a transfer of any claim against the	& debtor by <b>Dr</b>	r to any petitioner.	Attack all documents that
A JUNE COLLEGE STRIET STRIET STREET AND STREET AND STREET AND STREET	THINGHAM STATE	ule (003(a).	
Politionar(s) request that an order for relief be entered against the deblor und polition. If any politioner is a foreign representative appointed in a foreign recognition is altached.	K ILELIAN	active 11 Tibled St	nics Code, specified in this order of the court granting
Politioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.			
Owner	,		
Signature of Petitioner or Representative (State title) Suarez & Associates 08/05/2010	Signature of /		Date
Name of Petitioner Date Signed	Name of Alto	orney Firm (If any)	,
Nama & Mailing Oscar Suarez Address of Individual PO Box 442	Address		
Signing in Representative Scottsdale, AZ 85252 Capacity	Telephone No	ο.	
individual individual	x		
Signature of Politioner or Representative (State little)	Signaturo df /	Attomey	Dats
Jeremiah O'Connor 08/05/2010 Namo of Politioner Date Signed	Name of Atto	orney Firm (If any)	_ <del></del>
Name & Mailing Jeremiah O'Connor	Address		
Address of Individual 98 Barbara Road Signing in Representative Waltham MA 02453 Capacity	Telephone No	o.	
X Signature of Petitioner or Representative (State title)	Signature of	Allorney	Date
Name of Politioner Date Signed	Name of Alto	ornoy Finn (If any)	
Nano & Mailing	Address		_
Address of Individual Signing in Representative Capacity	Telephone No	σ.	
PETITIONING	A COLUMN		<u></u>
Name and Address of Politioner	Nature of Cla		Amount of Claim
Oscar Sugrez, P.O. Box 442, Scollsdale, AZ 05252	Breach of C		\$ 35,000 .00
Name and Address of Pelitioner	Nature of Cla		Amount of Claim
Joromlah O'Connor, 08 Barbara Rd., Walthem MA02453	Breach of C		\$277,791,00
Name and Address of Petitioner	Nature of Cla	nim	Amount of Claim
Note: If there are more than three petitioners, attach additional sheets a penalty of perjury, each petitioner's signature under the statement and petitioning or differentian in the format above.	with the statement and the name	ont under e of allorney	Total Amount of Pathloness' Claims \$471,414.09

\_confinuation succes attached